

Small Work Group on Workforce Shortages
Affordable Health Care Commission
December 19, 2007

Goal: Increase the number of physicians and other health care professionals living and practicing in Iowa.

Action Steps

- Create tax incentives for medical students and other health and long-term care professionals to stay in Iowa.
- Establish a loan repayment program for health professionals who agree to live and practice in the State of Iowa for a specified time. The current loan repayment budget at IDPH consists of \$150,000 state appropriations matched by \$150,000 federal. The PRIMECARRE State Loan Repayment program had 12 eligible applications for loan repayment requesting a total of \$560,000 and had funding to grant 8 awards for FY08/09 in the total amount of \$300,000. Additional funding would provide flexibility in establishing a loan repayment program for occupations not currently covered in the federal program; the additional state appropriation may also allow us to leverage more federal funding as there has been a traditional \$1 for \$1 match for PRIMECARRE.
- Place physicians in to the workforce as soon as possible after completion of residency by mandating insurance companies to retroactively pay for physician services rendered between the first day of employment at the healthcare facility and receipt of license and credentials.

Goal: Increase the number of psychiatric residents in the State of Iowa.

Action Step

- A specific allocation for the years of 2008 of \$460,000 to fund 3 psychiatric residencies at qualified hospitals in Iowa in addition to the slots at the University of Iowa. The appropriation should be available only to residents and institutions agreeing to practice in Iowa for a specified time.

Goal: Create extenders for the provision of psychiatric services in Iowa by allowing Advanced Registered Nurse Practitioners (ARNP) to render psychiatric services to patients with less supervision by physicians.

Action Steps

- Liability reform for supervision of mid-level psychiatric practitioners by physicians through legislation that lessens the circumstances under which physicians are required to sign off on the services rendered by psychiatric ARNPs.
- Allow for reimbursement of ARNPs for psychiatric services provided to Medicaid recipients.

Goal: Address workforce shortages, where appropriate, through the use of telemedicine and other technology.

Action Step

- Examine existing practices for Iowa's publicly funded health coverage programs (Medicaid, HAWK-I, Iowa Cares...) to verify that services provided through telemedicine are reimbursable, even to providers performing those services from out of state.
- Support technology infrastructure that facilitates or improves the ability of providing services through telemedicine.

Goal: Address workforce shortages, where appropriate, via the consideration of scope of practice changes

At a time when the health and long term care arena is experiencing increasing demand for services and a stable or declining supply of health and long term care workers, efforts need to be made to insure that every worker is using his/her knowledge, skills and abilities to the maximum extent possible.

Action Step

- The Department of Public Health, in conjunction with health and long term care providers, workers, licensing boards and others, shall review the opportunities to enhance the efficiency and effectiveness of the workforce via changes to scope of practice.

(Any changes to scope of practice would of necessity, require appropriate training and appropriate compensation for the responsibilities possessed.)

Goal: Provide adequate and affordable health care coverage options for all health and long term care workers.

25% of Certified Nurse Aides in Iowa are uninsured. It is estimated that another 25% (or more) are under-insured. What are the results? They don't get necessary preventative care, go to the doctor when they should or get the prescriptions filled that would help them manage and maximize their health. They also go to work sick, risk giving to others what they have, and undermine the quality of care for, and the health of, those they serve.

Certified Nurse Aides are not the only health and long term care occupation affected by the lack of adequate and affordable health insurance. Multiple occupations, just within the direct care profession (those who serve the health and long term care needs of Iowa's aging and disabled population) are similarly situated.

Action Step

- The workforce subcommittee strongly believes that the health and long term care workforce (due to the nature of the work they do, the fragility of those they serve, and the need for health coverage to serve as a valuable recruitment and retention tool), should be viewed as one of the highest priority groups to be covered by adequate and affordable

health insurance, and that any legislation drafted to implement universal or near-universal coverage for Iowans should be built upon that recognition.

Goal: Create an office and advisory council charged with conducting ongoing health workforce assessment and planning in Iowa.

Action Steps

- Establish an Office of Health Workforce within the Iowa Department of Public Health to help assure a competent, diverse, and sustainable health workforce in Iowa and improve access to health care in underserved areas.
- Establish a Health Workforce Advisory Council to inform and advise IDPH, the Office of Health Workforce, and policy makers on issues relevant to health workforce in Iowa.

Goal: Increase the wages of bedside care workers and direct care workers.

The State of Iowa, and the federal government, is a primary payer of health and long term care services via the Medicaid program. Nursing homes, and other providers of health and long term care services, are often viewed as “government contractors” who provide the services, hire and pay the staff, and meet the expectations of the government.

The wages and benefits provided for bedside and direct care staff in health and long term care (including Registered Nurses) are directly related to Medicaid reimbursements. Several states are dealing with the need to raise wages/benefits as a recruitment and retention tool by considering legislative mechanisms that target a fixed percentage of provider reimbursement rate increases for increases in staff wages and benefits. Examples would include the States of Minnesota and Montana.

Minnesota, in 2007 via amendments to state statute 2006, Section 256B.434 provided a rate increase to nursing facilities with this direction: “Seventy-five percent of the money resulting from the rate adjustment under paragraph (a) must be used for increases in compensation-related costs for employees directly employed by the nursing facility...” and further stated that those increases would be specified for non-administrative and non-management contract staff.

Similarly, the 2007 Montana legislature approved a \$2.6 million dollar Medicaid rate increase for providers of personal assistance services solely to be used by those agencies to purchase health insurance for direct care workers. In addition, legislation was passed that required the Department of Public Health and Human Services to study the feasibility of implementing a similar health insurance designated rate increase for workers who provide direct care services in other long term care settings.

These examples illustrate that Medicaid \$\$ can be, and are being, used to target specific employee populations that have specific needs related to recruitment and retention.

Action Step

- Any increases to Medicaid reimbursement rates should also support wage increases for bedside care workers and direct care workers.

Goal: Credential the long term care workforce in Iowa.

Action Step

- In December 2006, the Direct Care Worker Task Force released recommendations to improve education and training for Iowa's direct care workforce. One of the recommendations was to establish a governing board within the Iowa Department of Public Health to provide accountability and oversight of certification and impose professional standards. During the 2007 legislative session, funding was appropriated to the department to implement the recommendations contained in the report. The committee recommends the legislature authorize the department to establish a certification board for direct care workers within the Bureau of Professional Licensure.

Goal: Provide whistleblower protections for health and long term care workers in the private, non-profit sector.

Whistleblowing by nurses usually results from concern about issues that jeopardize the health or safety of patients, or occupational safety and health violations that place the employee at risk. Yet, even though nurses are responsible for patient care and well-being, nurses are often powerless when another health care provider performs unethical or life-threatening practices. Retribution and dismissal for whistleblowing are not uncommon. In fact, there have been a number of legal cases involving nurses who have been retaliated against for "blowing the whistle" on their employers.

Current whistleblowing laws remain a patchwork of incomplete coverage. For example, the False Claims Act contains a whistleblower provision that applies only in cases of fraud or misuse of Federal funds. The Emergency Treatment and Labor Act (EMTALA) includes protections for patient advocacy, but only for personnel working in the emergency department of a hospital. The Whistleblower Protection Act of 1989 only applies to federal employees (e.g., VA nurses). State of Iowa employees and nursing home workers have adequate coverage, but private sector hospital workers do not. This confusing, incomplete coverage leaves many nurses fearing reprisals such as dismissal, harassment, and blacklisting.

The lack of a blame-free reporting system prevents many nurses from taking the risk of trying to protect their patient's health and safety. In order to allow nurses to function as successful patient advocates and to retain them in their field to assure a quality health care workforce in Iowa, effective whistleblower protections for nurses who report unsafe patient care must be enacted. Other Midwestern states that have whistleblower protection are Wisconsin, Minnesota and Illinois.

Action Step

- Enact legislation which provides whistleblower protections to health and long term care workers in the private, non-profit sector.